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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N45187

1. Corporation Name

LIBERTY SINGERS, INC.

Principal Place of Business

1601 W. MARION AVENUE
SUITE 106
PUNTA GORDA FL 33950
US

Mailing Address

LANG. WRETHA
38492 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/18/1991

4. FEI Number

65-0362932

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LANG. WRETHA
38492 WASHINGTON LOOP ROAD
PUNTA GORDA FL 33982

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MAEL, MARGARET
STREET ADDRESS 23094 WOTH AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE

NAME MAEL, JEFFREY
STREET ADDRESS 23094 WORTH AVENUE
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DS ☐ DELETE

NAME GOFF, DONNA
STREET ADDRESS POST OFFICE BOX 1235
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☒ DELETE

NAME HAZELDINE, MICHAEL D.
STREET ADDRESS 20456 VANGUARD TER.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE

NAME TEZA, JEANETTE M
STREET ADDRESS 1181 DEWHURST STREET
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DVP ☒ DELETE

NAME BRADBURN, JAMES
STREET ADDRESS 1355 NAVIGATOR ROAD
CITY-ST-ZIP PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DAWN MARX
1.3 STREET ADDRESS 21224 BASSETT AVE
1.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33952

2.1 TITLE D-PRES. ☐ Change ☒ Addition

2.2 NAME BECKY HAZELTINE
2.3 STREET ADDRESS 20456 VANGUARD TER
2.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33954

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME DON MILDUM
3.3 STREET ADDRESS 3723 TOULOUSE CT
3.4 CITY-ST-ZIP PUNTA GORDA, FL 33950

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME SUSAN LEBOUSIER
4.3 STREET ADDRESS 3357 VASSAR ST
4.4 CITY-ST-ZIP PORT CHARLOTTE, FL 33980

5.1 TITLE D-TREASURER ☒ Change ☐ Addition

5.2 NAME DONNA GOFF
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE DS ☒ Change ☐ Addition

6.2 NAME JEANETTE TEZA
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 23 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director: DONNA L. GOFF 3/30/99 944-639-4851

Date Daytime Phone #